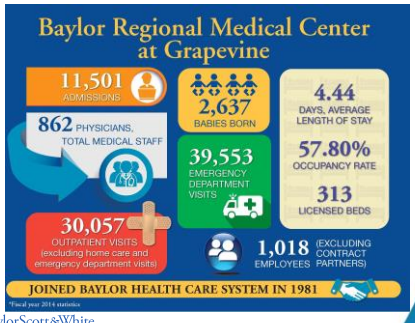
Innovative Solutions to Admission Workload: C902

Baylor Regional Medical Center at Grapevine

2015 ANCC National Magnet Conference
October 9, 2015: 08:00-09:00
Beth Beckman, DNSc, RN, FNP, NEA-BC
Kristin Rabenold MSN, RN, CNML
Anna Schlatter, BSN, RN

BaylorScott&White HEALTH

Hospital Overview



BaylorScott&White HEALTH

1

Key Service Lines

BaylorScott&White HEALTH

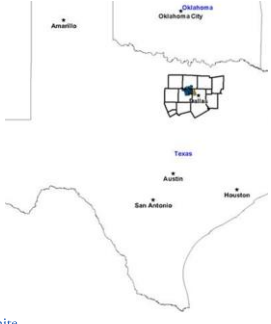
2

Recognized by the Industry

BaylorScott&White HEALTH

3

Our Service Area



BaylorScott&White HEALTH

4

The Call to Action

- **Inpatient Admission Workload/Patient Safety**
  - AHRQ Patient Safety Feedback
    - Admissions process took 35-45 minutes to complete
    - Batched from 1500 to 2100 – overwhelmed at change of shift
    - Feeling short staffed due to ADT index
  - NDNQI RN Satisfaction supported the above
  - Nursing Forums
  - Q12 surveys speak to admission workload burden
  - Beth's Bistros and unit rounding
  - No "Golden Hour" at change of shift
  - Right patient, right bed/unit . . . every time
    - Measure reduction of RRT within 24 hours of admission

BaylorScott&White HEALTH

5

The Call to Action

- **ED Admission Workload**
  - EHR incompatibility – MedHost to Allscripts
  - Orders lost in admission process
  - Delay in STAT orders
  - Med reconciliation – duplicative, time consuming and often not completed
  - ED received significant inpatient pushback during shift change

Baylor Scott & White HEALTH

6

The Call to Action

- **Service Opportunity** – System focus on ED crisis admission - lower HCAHPS scores
  - Lost in the shuffle
  - Transition to inpatient world poorly managed
    - ED RNs unable to answer inpatient questions
  - Continuity of care – completing stat orders, adequate RN to RN hand-off

Baylor Scott & White HEALTH

7

Brainstorming – October 2013

- **Status Quo not an option**
- CNO/Director level discussion of potential workload solutions
- Developed concept and a name
  - "A Team" – group of leaders who address excellence on several levels and manage admission workload

Baylor Scott & White HEALTH

8

Challenge to the CNO

- Budget neutral solution – modify RRT model to "A Team" with broadened scope
- Solution aimed to lessen workload across the hospital without inadvertently creating new problems
  - Efficiency – inpatient resource floating across units
- Couldn't be viewed as a takeaway – needed to manage ALL perspectives of the change

Baylor Scott & White HEALTH

9

Kris Rabenold, MSN, RN, CNML
Acute Care and Women & Children's Director

10

Baylor Scott & White HEALTH

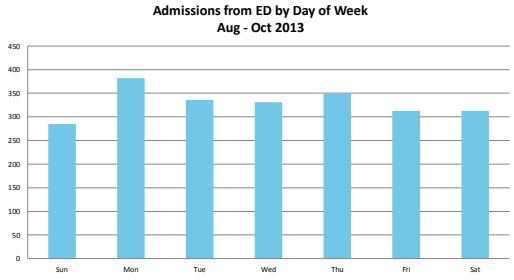
Programmatic Must Haves

- Establish coverage of admissions
  - Capture 80% of all admits
  - Establish the vision before staffing the team
- Establish metrics to identify if we made a difference
  - Q12 survey – Included targeted questions around workload, patient satisfaction & quality of care

Baylor Scott & White HEALTH

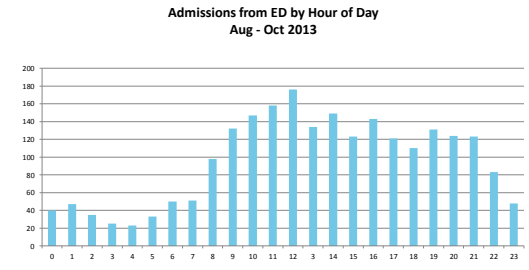
11

ED Admissions by Day of Week



12

ED Admissions by Hour/Day Prior to the "A Team"



13

Developing the "A Team"

- Immediate Problems
  - Current RRT nurses were not willing to change with the model - lost our RRT experience
    - Bedside leaders pulled into the noise of change
  - Could not let history get in the way of innovation
  - Where was this program going to be housed?
    - Vacant inpatient unit - patients moved many times
    - ED staff absorbed in emergency care - would interfere with throughput and patient flow

Baylor Scott & White HEALTH

14

Developing the "A Team"

- "A Team" Competency Considerations
  - PCU or ICU experienced RNs
  - ACLS and RRT trained
  - High performers
  - Flexible attitude and demeanor
  - Strong service skills
  - Appropriate documentation – new skill set
- Managing the worst-case scenario "what ifs"
  - Who was the safety net if several things occurring at once?

Baylor Scott & White HEALTH

15

Developing the "A Team"

- Communication Clarity
  - Educating/hardwiring that all admissions are not facilitated by the "A Team"
  - Nurses on inpatient side still owned admission pieces
    - Orient to room, bed, call light, unit specific concerns, meal process, finish med reconciliation, and any clinical hand-off information
  - Developed the "Red Sheet" hand-off communication tool

Baylor Scott & White HEALTH

16

"A Team" Checklist

A-Team Checklist

Patient Label	Admit Unit/ Date & Time	
Height		
Weight	Stated	Actual
Allergies		
CPP		
Care Plan		
Med Rec		
IV Date & Time		
Tubing labeled		
Stat medications		
Immunizations	If yes-when	No
History of MRSA	Yes-when	No
Vital Signs		
EKG in ED	Yes	No
Core Measure Checklist		
Education of admit orders		
Additional information for floor nurse		
Items left to complete admission		
RN Signature _____		
Nortel phone numbers Angela 77291/Michelle 77296/Anisa		

Not a part of the permanent medical record

17

Developing the "A Team"

- Managing our ICU Medical Director
  - Not happy the proactive RRT program was being modified
  - Strong working relationship with RRT personnel through history and mentoring
- Hiring, Onboarding and Developing "A Team"
  - ICU / A Team mentorship to RRT duties
    - ICU ran RRT for 6 weeks – "A Team" observed
    - "A Team" ran RRT for 1 month – ICU coaching

BaylorScott&White HEALTH

18

Developing the "A Team"

- Brainstormed roles and responsibilities
  - ED admissions only/not direct admits. Didn't want the "A Team" lost in the inpatient or ED side of workflow
  - RRT
  - Inpatient Code Sepsis, Code Stroke, Code Blue & Code Purple – internal support resource
  - Inpatient discharge resource if not busy
    - Dispatched by house supervisors

BaylorScott&White HEALTH

19

"A Team" Go Live Considerations January 2014

- Distinguished by Red Polo shirt
- ED team acceptance was a challenge initially
- Couldn't hear overhead for RRT/Code Blue calls while in ED patient rooms – special phone provided
- Needed access to ED documentation system

BaylorScott&White HEALTH

20

"A Team" Go Live Considerations

- Everyone wanted a "piece" of the "A Team"
  - Held firm boundaries – ED Med Dir, ICU, ED, Inpatient, Quality, Risk Management, Stroke Program
  - Remained true to the mission; helped "A Team" members feel comfortable with saying "no"
- "A Team" was slow to adapt to inpatient communication needs
- ED bedside leaders weren't utilizing communication tools

Baylor Scott & White HEALTH

21

Anna Schlatter, BSN, RN
Director of ED and Nursing Administration

22

Baylor Scott & White HEALTH

Launching the "A Team" in the ED

- Concerns and Considerations
  - Space
  - Team dynamics
  - Patient flow / throughput in the ED
    - Would the admission process hold up moving patients out of the department in a timely manner?
    - Teaching the physicians to queue up the admission with the "A Team" early in the ED visit

Baylor Scott & White HEALTH

23

Physician Considerations

- Early identification of admissions
  - Communication to "A Team" prior to written order
  - Scripting with patient / family – performing the admission incognito prior to physician communication
- Communication with physicians re: proper bed placement – always asking does this make sense?
- Ensuring physicians were not providing verbal orders directly to the "A Team"
- Requesting the "A Team" to transport patients

Baylor Scott & White HEALTH

24

Bedside Leader Considerations

- Ensuring that ED staff and the "A Team" weren't bombarding the patient at the same time – each serves different purposes
  - Developed team queues
- Managing the verbiage – observation status versus regular admit
- Who sits where? – turf considerations
- Computer availability – consider this early
- Requesting the "A Team" perform ED tasks

Baylor Scott & White HEALTH

25

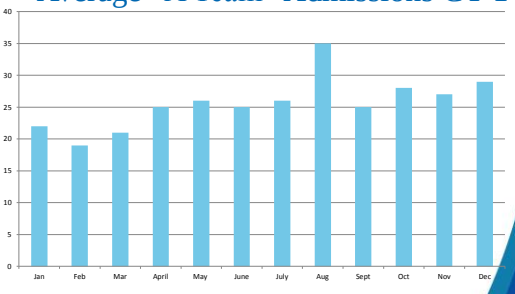
"A Team" Considerations

- Needed a "home" in the ED
  - Lockers, access to staff lounge, supply rooms, etc.
- "A Team" sick calls were covered RRT by ICU nurses - this was a point of irritation
- Team integration took time
  - Incoming "A Team" phone calls weren't properly routed

Baylor Scott & White HEALTH

26

Average "A Team" Admissions CY 14



BaylorScott&White HEALTH

27

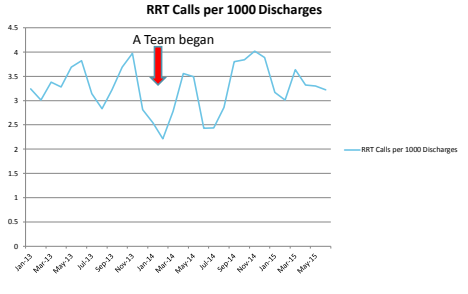
Programmatic Outcomes

- RRT – Concern that the RRT model change would negatively impact the number of RRT calls – did not happen
- Mortality - Improved
- Right patient, right bed – Improved
- Patient Satisfaction / ED Crisis Admits - Improved
- Number of admissions captured by "A Team" – exceeded goal
- Q12 – Very positive results

BaylorScott&White HEALTH

28

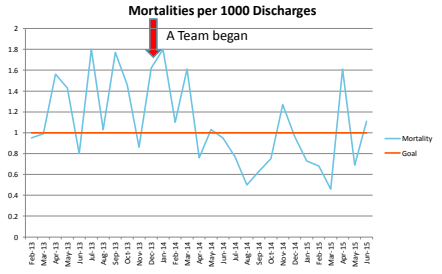
RRT Trending with Model Change



BaylorScott&White HEALTH

29

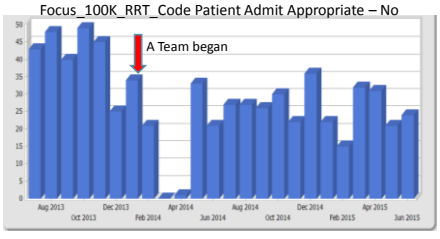
Mortality Trending



BaylorScott&White HEALTH

30

Right Patient, Right Bed



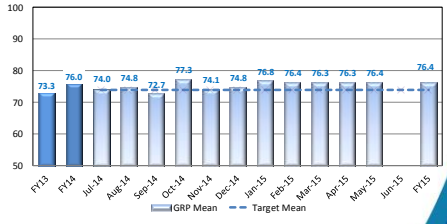
Improved Patient Placement

BaylorScott&White HEALTH

31

ED Crisis Admits

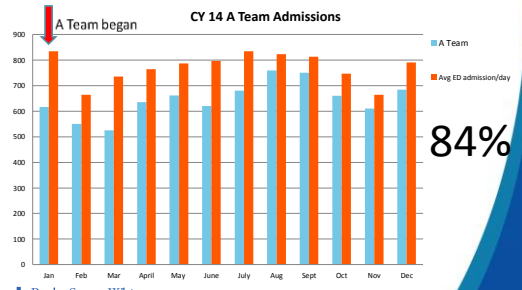
HCAHPS Composite Mean Score



BaylorScott&White HEALTH

32

Did We Capture 80% of Admits CY14?

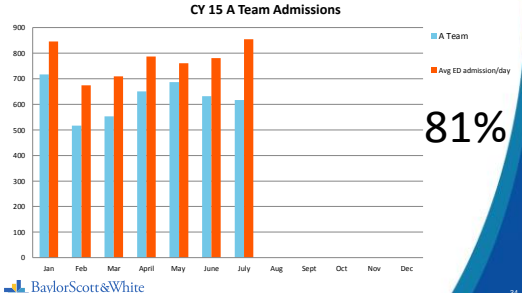


84%

BaylorScott&White HEALTH

33

Did We Capture 80% of Admits CY 15?

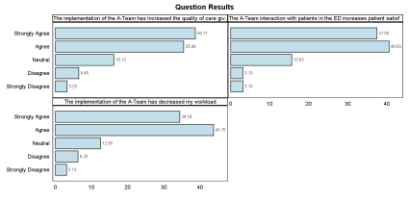


81%

BaylorScott&White HEALTH

34

Q12 Results



BaylorScott&White HEALTH

35

Pearls

- Think from the perspective of "What is in it for me?" when socializing to stakeholders
- Create the chaos on the front end
- Celebrate the wins - inpatient and ED bedside leaders were thrilled
- Don't let history get in the way of innovation
- Lost one "A Team" member to the ED
  - Fell in love with the ED team and practice

Members of the "A Team"

Beth.Beckman@BaylorHealth.edu 817-329-2508
Annagu@BaylorHealth.edu 817-912-7089
Kristira@BaylorHealth.edu 817-424-4884